

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>DM</i>	<i>32</i>	<i>11/16</i>
FORMALITY REVIEW	<i>cy</i>	<i>102</i>	<i>11/27/01</i>
RESPONSE FORMALITY REVIEW	<i>A.M</i>	<i>SC 580</i>	<i>02-01-02</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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7H JC 1118 11-28-01

850  
02-04-02